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Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	4775-00006	Total Pages	37
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor or Application Identifier			
		Katsuyuki Nakano			
		Express Mail Label No.	EV383667376US		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text" value="26"/>] (preferred arrangement set forth below)		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
- Descriptive title of the Invention		a. <input type="checkbox"/> Computer Readable Copy			
- Cross References to Related Applications		b. <input type="checkbox"/> Paper Copy (identical to computer copy)			
- Statement Regarding Fed sponsored R & D		c. <input type="checkbox"/> Statement verifying identity of above copies			
- Reference to Microfiche Appendix		ACCOMPANYING APPLICATION PARTS			
- Background of the Invention		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
- Brief Summary of the Invention		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)			
- Brief Description of the Drawings (if filed)		10. <input type="checkbox"/> English Translation Document (if applicable)			
- Detailed Description		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
- Claim(s)		12. <input type="checkbox"/> Preliminary Amendment			
- Abstract of the Disclosure		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <input type="text" value="5"/>]		14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior Statement(s) application, Status still proper and desired			
4. Oath or Declaration [Total Pages <input type="text" value="3"/>]		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		16. <input type="checkbox"/> Other: <u>Certificate of Express Mail</u>			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]					
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked). The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:					
18. CORRESPONDENCE ADDRESS					
NAME	Joseph J. Jochman; Reg. No. 25,058				
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Barbara A. Johnson
Name

February 23, 2004
Date

Barbara A. Johnson
Signature

2-23-04
Date

PTO/SB/17
(10/97)

FEE TRANSMITTAL

COMPLETE IF KNOWN

Application Number	
Filing Date	12/12/2003
First Named Inventor	Eric A. Davis
Group Art Unit	
Examiner Name	
Attorney Docket Number	4476-00011

Total Amount of Payment (\$) \$385.00

METHOD OF PAYMENT (check one)

☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

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Deposit Account Name Andrus, Sceales, Starke & Sawall, LLP

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b)

3. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 10/01/97)

1. Filing Fee			
Large Entity	Small Entity	Fee	Fee
Code (\$)	Code (\$)		
101	750	201	375
106	310	206	155
107	480	207	240
108	790	208	395
114	150	214	75
SUBTOTAL (1)			(\$ 385.00)

2. Claims			
Extra	Fee from below	Fee Paid	
Total claims 13 - 20 = 0	X =		
Independent 2 - 3 = 0	X =		
Claims			
Multiple Dependent Claims: \$140			
Large Entity	Small Entity	Fee	Fee
Code (\$)	Code (\$)		
103	18	203	9
102	78	202	39
104	270	204	135
109	82	209	41
110	22	210	11
SUBTOTAL (2)			(\$ 88.00)

2. Additional Fees			
Large Entity	Small Entity	Fee	Fee
Code (\$)	Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	950	217	475
118	1,510	218	755
128	2,060	228	1,030
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,320	241	660
142	1,320	242	660
143	450	243	225
144	670	244	335
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	790	246	395
149	790	249	395
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (3)			(\$ 0)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Type or Printed name Joseph J. Jochman
Andrus, Sceales, Starke & Sawall, LLP

Signature *Joseph J. Jochman*

COMPLETE (if applicable)

Registration Number 25,058

Date 2/23/2004

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